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	Substitute fo	or form 1449A&B/PTO				Complete if Known	
					Application Number	10/046,654	_
	INFO	RMATION DIS	CLOS	SURE	Filing Date	October 26, 2001	_
	STAT	EMENT BY A	PPLIC	CANT	First Named Inventor	Neofytides, Cheryl L.	_
					Art Unit	3691	Τ
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	Sheet	1	of	3	Attorney Docket Number	020375-000220US	_

U.S. PATENT DOCUMENTS							
Examiner Initials*	Cite No.1	Document Number	Publication Date MM-DD-YYYY	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages or Relevant		
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	C1 KLINE, A., "Debit Card paychecks for migrant farm workers," American Banker, New York, May 17, 1999.						
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Examiner Signature							

EXAMINER: Initial if reference considered, whether or not citation is in conformance with MPEP 609. Draw line through citation if not in conformance and roll considered, include copy of this form with next communication to applicant.

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Substitute for form 1449A&B/PTO				Complete if Known			
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	(Use as many sheets as	necessary)		Examiner Name	Olabode Akintola		
Sheet	2	of	3	Attorney Docket Number	020375-000220US		

NON PATENT LITERATURE DOCUMENTS								
Examiner Initials *	Cite No.1	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-sissue number(s), publisher, city and/or country where published.	T²					
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Examiner Signature	/Olabode Akintola/ (11/19/2008)	Date Considered	-

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